

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
12-026

2. STATE
Montana

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: Title XIX of the
Social Security Act (Medicaid)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

~~10/1/12~~ 1/1/13

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Deficit Reduction Act of 2005, modified effective 10/1/10 through the
Affordable Care Act

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachment 3 1A/3.1B; Attachment 4 19B, 1915(i)

HCBS State Plan/Services for High Needs Youth with Serious
Emotional Disturbance

7. FEDERAL BUDGET IMPACT.

a. FFY 13 \$ 58,961

c. FFY 14 \$153,208

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

N A

10. SUBJECT OF AMENDMENT

New 1915(i) Home and Community Based Services State Plan Program for Youth with Serious Emotional Disturbance.

11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED

Single Agency Director Review

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Mary E. Dalton

13. TYPED NAME: Mary E. Dalton

14. TITLE: State Medicaid Director

15. DATE SUBMITTED

6/29/12

16. RETURN TO:

Montana Dept. of Public Health and Human Services

Mary E. Dalton

State Medicaid Director

Attn: Jo Thompson

PO Box 4210

Helena, MT 59604

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

6/29/12

18. DATE APPROVED:

12/21/12

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1/1/13

20. SIGNATURE OF REGIONAL OFFICIAL:

Richard C. Allen

21. TYPED NAME:

RICHARD C. ALLEN

22. TITLE:

ARA, DNACHO

23. REMARKS: